



USEF CERTIFICATE OF INSURANCE FAQs

Q: What type of insurance do I need for my Competition?

A: The Federation requires each competition to have general liability insurance. This covers 3rd party bodily injury and property damage. Coverage should apply to participants (participant legal liability), volunteers, officials, spectators, etc.

Q: What are the required limits of insurance needed for the competition?

A: The Federation requires the following minimum limits for each competition:

- \$1,000,000: Each Occurrence
- \$1,000,000: General Aggregate
- \$50,000: Equipment and Property

Q: Can the same certificate be used for multiple competitions?

A: Yes, the same certificate can be submitted for multiple competitions; however, it must list each competition's name, number, and dates in the Description Box.

Q: What if the tear down date is the last day of the Competition Dates?

A: If the Competition is to be moved out on the last day of the Competition Dates, Competition Management will need to submit a document from the facility stating what time they will be moved out.

Q: What are Setup/ Take Down days?

A: All competitions are required to have a Setup/ Tear Down day included in their policy as required by Chapter 3, GR303.6. These days are typically the day before and the day after the licensed competition dates. These dates need to be listed in the Description Box.

Q: My show is a local/lite show, do I need to have a Certificate of Insurance?

A: Yes, all USEF Competitions need to have a valid Certificate of Insurance per GR303.6.

Q: What is an additional named insured?

A: Additional insured is a business that is named on the policy and has some rights as the Insured but is not responsible for the premium. In this case, the additional insured is United States Equestrian Federation, 4001 Wing Commander Way, Lexington, KY 40511.

Q: When is the Certificate of Insurance "COI" due?

A: The Certificate of Insurance is due 15 days prior to the Competition. If not received, a fine will be accrued per rule GR303.6. If not received 10 days prior to the Competition, the Federation will cancel the Competition.

Q: How can I send my Insurance to USEF?

A: Competition managers will need to upload the Certificate of Insurance on their [Competition Dashboard](#).



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER: TBD	SAMPLE CERTIFICATE	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL: ADDRESS:		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE:		NAIC #
INSURED: Competition Licensee		INSURER A: A Rated Insurance Carrier		
		INSURER B:		
		INSURER C:		
		INSURER D:		
		INSURER E:		
		INSURER F:		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	Y		ToBeDetermined	01/01/2023	01/01/2024	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input checked="" type="checkbox"/> Participant Legal Liability						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Sexual Abuse & Molestation						PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 1,000,000
<input checked="" type="checkbox"/> OTHER: Event						PRODUCTS - COMP/OP AGG \$ 1,000,000	
	AUTOMOBILE LIABILITY						
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N	N / A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is listed as additional insured for general liability per required written contract

Competition Name
Licensed dates
USEF competition ID
Set up/Take days included

CERTIFICATE HOLDER**CANCELLATION**

United States Equestrian Federation
4001 Wing Commander Way
Lexington, KY 40511

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

SIGNATURE

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